2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State **DOCUMENT #724323** 03-14-2006 90015 014 ****70.00 ALLÁPATTAH BAPTIST CHURCH, INC. Principal Place of Business Mailing Address 3300 NW 17TH AVE PO BOX 420159 MIAMI FL, 33142 MIAMI, FL 33242 3. Mailing Address 2. Principal Place of Business 8357 W. FLAGLER ST. Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-NP CR2E037 (11/05) 319 City & State City & State Applied For FL 59-0714810 Μιλμι Not Applicable Country USA Zip Country \$8.75 Additional 5. Certificate of Status Desired 33144 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PANKLEY, RICHARD A. 3300 NW 17TH AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33142 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PTD TITLE ☐ Delete **MITE** ☐ Change ☐ Addition PANKEY, RICHARD A NAME NAME 3300 NW 17TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 CITY-ST-ZIP VSD ☐ Defete TITLE ☐ Change ☐ Addition TITLE MIRANDA, WILFREDO NAME NAME 3300 NW 17TH AVENUE STREET ADDRESS STREET ADDRESS MIAMI, FL 33142 CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE ☐ Change YATES, THOMAS 3300 NN 17 AVE. MIAMI, FL. 33142 APRILETTI, JOHN NAME NAME STREET ADDRESS 3300 NW 17TH AVENUE STREET ADORESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

3-2-06

Mar 14, 2006 8:00 am